

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

APPLIED FOR
AMENDMENT

APPLIED FOR
AMENDMENT

IND

DEP

IND

DEP

IND

DEP

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

7

2

20

21

1

1

22

23

1

1

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

TOTAL IND.

TOTAL DEP.

TOTAL CLAMS

23

93

93

IND

DEP

IND

DEP

IND

DEP

IND

DEP

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

TOTAL IND.

TOTAL DEP.

TOTAL CLAMS